

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-000193

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 30 Primary Registration District No. 5103 Registrar's No. 4

FILED JAN 15 1963

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

| | | | |
|--|---|--|---|
| 1. PLACE OF DEATH a. COUNTY <u>BENTON</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>BENTON</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>WARSAW</u> | | Length of stay in 1b <u>10 yrs</u> | c. CITY OR TOWN <u>WARSAW</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION | | d. STREET ADDRESS (If outside, give location) | Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First <u>ELMER</u> Middle <u>LEONARD</u> Last <u>CRAFT</u> | | 4. DATE OF DEATH Month <u>JAN</u> Day <u>6</u> Year <u>1963</u> | |
| 5. SEX <u>MALE</u> | 6. COLOR OR RACE <u>W</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>July 24, 1904</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <u>armed Rock quarry</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | 9. AGE (last birthday) <u>58</u> IF UNDER 1 YEAR Months <u>5</u> Days <u>12</u> Hours <u>Min.</u> |
| 11a. BIRTHPLACE (City and state or country) <u>Neelys Landing, Mo</u> | | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u> | |
| 13a. FATHER'S NAME <u>John Carl Craft</u> | | 13b. MOTHER'S MAIDEN NAME <u>Nora Clingensmith</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>MINNIE CRAFT</u> | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) <u>No</u> | |
| 16. SOCIAL SECURITY NO. | | 17. INFORMANT <u>Minnie Craft</u> Address <u>Warsaw, Mo</u> | |
| 18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>SEPSIS</u> DUE TO (b) <u>SECONDARY BRONCHPNEUMONIA</u> DUE TO (c) <u>ACUTE INFLUENZA</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | INTERVAL BETWEEN ONSET AND DEATH <u>3 DAYS</u> <u>7 DAYS</u> <u>10 DAYS.</u> | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>ONE LUNG WAS REMOVED FEW YEARS BACK</u> | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour <u>3:45</u> a.m. <u>p.m.</u> Month, Day, Year <u>DEC., 26, 1962</u> | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION. COUNTY STATE | | |
| 21. I attended the deceased from <u>DEC., 26, 1962</u> to <u>JAN., 6, 1963</u> and last saw her alive on <u>JAN., 6, 1963</u> Death occurred at <u>3:45 P.</u> m on the date stated above, and to the best of my knowledge, from the causes stated. | | 22c. DATE SIGNED <u>1-7-63</u> | |
| 22a. SIGNATURE <u>[Signature]</u> (Degree or title) | | 22b. ADDRESS <u>WARSAW, MO.</u> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>Jan 9, 1963</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>New Bethel Cemetery</u> | 23d. LOCATION (City, town, or county) (State) <u>Jackson Cape Co. MO.</u> |
| 24. FUNERAL DIRECTOR <u>John F. Reser</u> ADDRESS <u>Warsaw</u> | | 25. DATE RECD. BY LOCAL REG. <u>Jan. 7-1963</u> | 26. REGISTRAR'S SIGNATURE <u>Jas. A. Logan</u> |

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____ Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

John F. Reser

Licensed Embalmer No. 4098

P. O. Address Warsaw

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.